

PUBLIC FACILITIES FUND

APPLICATION FORMS

2003

SMALL CITIES COMMUNITY DEVELOPMENT

BLOCK GRANT PROGRAM

***State of New Jersey
James E. McGreevey, Governor***

***Department of Community Affairs
Susan Bass Levin, Commissioner***

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PUBLIC FACILITIES APPLICATION

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PROJECT SUMMARY

1. **Name of Applicant** _____
Municipality/County

Address

City	Zip Code
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2. In _____ County

3. State Legislative District _____ 4. Federal I.D. Number _____

5. Name of Contact Person

Name	Title	Phone
------	-------	-------

6. Name of Chief Financial Officer

Name	Title	Phone
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7. Name of Project _____

8. Proposed Activities (Describe & Quantify Each Proposed Activity)

9. Source of Project Funds _____

10. Date of Public Hearing _____

Private \$ _____

Small Cities \$ _____

Other Public \$ _____

Total \$ _____

11. Certification: To the best of my knowledge and belief, the data in this application are true and correct, the document has been duly authorized by the governing body of the applicant.

Name	Title (Chief Elected Official)
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Signature Date

PF-5

LOW / MODERATE INCOME BENEFIT CALCULATION FORM

A ÷ B = C X D = E

Program Activity Do not include Planning or Admin.	Number of Low/Moderate Income People Activity Will Serve	Total Number of People Activity Will Serve	Percent of Low/Moderate Income People Served	Amount of Funds Requested for This Activity	Amount of Funds to Benefit Low/Moderate Income People

Total of Column E ÷ Total of Column D = Overall percent to low / moderate income people

\$ _____ ÷ \$ _____ = % _____

Applicants documenting areawide benefit with survey data must use the Worksheet, HUD Income Guidelines and Survey Form that follow.

**LOW / MODERATE INCOME BENEFIT
WORKSHEET**

A. # of Housing Units in the Service Area: _____

B. # of Abandoned or Condemned Housing Units: _____

C. Adjusted # of Housing Units in the Service Area (A-B=C): _____

NOTE: Seasonal units are to be counted for the purpose of determining if there are sufficient responses to qualify your survey, even if they are not occupied when the survey is conducted.

D. Using C and the Table Below, Determine the Minimum # of Responses Required: _____

<u>TOTAL HOUSING UNITS IN AREA OF BENEFIT</u>	<u>% RESPONSES REQUIRED</u>
50 or less	85
51 - 100	80
101 - 200	75
201 and over	70

Using the HUD INCOME GUIDELINES and NJDCA SMALL CITIES PROGRAM INCOME SURVEY FORM, determine the following:

E. # of Income Survey Responses Obtained: _____

F. Total # of People as Reported on Income Survey Forms: _____

G. # of Low/Moderate Income People as Reported on Income Survey Forms: _____

H. % of Low/Moderate Income People (G divided by F): _____

I. Average # of People in Each Unit (F divided by E): _____

J. Total # of People in the Service Area (I x C): _____
(Enter this figure into column B of Form PF-5)

K. Total # of Low/Moderate Income People in the Service Area (J x H): _____
(Enter this figure into column A of Form PF-5)

HUD Income Guidelines 2003

(Effective 2/20/03)

County	Income Level	Household Income (\$)							
		According to # of Household Residents							
		1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Atlantic	Low	19,990	22,750	25,600	28,450	30,750	33,000	35,300	37,550
	Mod*	31,850	36,400	40,950	45,500	49,150	52,800	56,450	60,100
Burlington	Low	23,850	27,300	30,700	34,100	36,850	39,550	42,300	45,000
	Mod*	38,200	43,650	49,100	54,550	58,900	63,300	67,650	72,000
Camden	Same as Burlington County								
Cape May	Same as Atlantic County								
Cumberland	Low	17,550	20,100	22,600	25,100	27,100	29,100	31,100	33,150
	Mod*	28,100	32,150	36,150	40,150	43,350	46,600	49,800	53,000
Gloucester	Same as Burlington County								
Hunterdon	Low	30,450	34,800	39,150	43,500	47,000	50,450	53,950	57,400
	Mod*	39,550	45,200	50,850	56,500	61,000	65,550	70,050	74,600
Mercer	Low	26,900	30,700	34,550	38,400	41,450	44,550	47,600	50,700
	Mod*	39,550	45,200	50,850	56,500	61,000	65,550	70,050	74,600
Monmouth	Low	25,950	29,650	33,350	37,050	40,000	43,000	45,950	48,900
	Mod*	39,550	42,500	50,850	56,500	61,000	65,550	70,050	74,600
Morris	Low	27,650	31,600	35,550	39,500	42,650	45,800	49,000	52,150
	Mod*	39,550	45,200	50,850	56,500	61,000	65,550	70,050	74,600
Passaic	Low	27,600	31,550	35,500	39,450	42,600	45,750	48,900	52,050
	Mod*	39,550	45,200	50,850	56,500	61,000	65,550	70,050	74,600
Salem	Same as Burlington County								
Somerset	Same as Hunterdon County								
Sussex	Same as Morris County								
Warren	Same as Morris County								

* *Mod* is short for Moderate

(Name of Municipality)

**NJDCA SMALL CITIES PROGRAM
INCOME SURVEY FORM**

**Interviewee
Address:**

Is this your primary residence? _____

(If the above answer is NO, STOP here. If Yes, continue with the survey.)

How many persons reside in your household? _____

Household Income Limit: \$_____
(See Household Income Limits Table Below)

**Is your total annual gross income from all sources for all persons
residing in your household above or below the income limit shown above?**

Above _____

(Check One) Below _____

No Response _____

Signature of Interviewer

Print Name of Interviewer

Date of Interview

Household Income Limits Table:

**1 Person Household -
2 Person Household -
3 Person Household -
4 Person Household -
5 Person Household -
6 Person Household -
7 Person Household -
8 Person Household -**

PF-8

OTHER FUNDS

ACTIVITY	FUNDING SOURCE	AMOUNT	DATE EFFECTIVE	DATE EXPIRED

Note: Include the amount and source of required matching funds.

<u>PERSONNEL:</u> (Salary & Fringe Benefits)	Estimated Cost
Total Personnel	
<u>CONSULTANTS:</u>	
Total Consultants	
<u>OTHER COSTS:</u>	
TOTAL PROGRAM ADMINISTRATION (PART I)	

**SMALL CITIES PROGRAM
BUDGET
PART II: PROGRAM ACTIVITIES**

<u>PERSONNEL:</u> (Salary & Fringe Benefits)		Estimated Cost
Total Personnel		
<u>CONSULTANTS & CONTRACT SERVICES:</u>		
Total Consultants & Contract Services		
<u>PROGRAMMATIC ACTIVITIES</u>		
TOTAL PROGRAM ACTIVITIES (Part II)		
GRAND TOTAL ALL COSTS (PARTS I & II)		

RESOLUTION

Whereas, the _____
 desires to apply for a grant from the New Jersey Department of Community Affairs for
 approximately \$ _____ to carry out a project to _____
 (dollar amount of request)

 (briefly describe the project)

Be it therefore RESOLVED, that the _____
 does hereby authorize the application for such a grant; and, upon receipt of the grant agreement
 from the New Jersey Department of Community Affairs, does further authorize the execution of
 the grant agreement; and, also, upon receipt of the fully executed agreement from the
 Department, does further authorize the expenditure of funds pursuant to the terms of said
 agreement between _____ and the New Jersey
 Department of Community Affairs.

Be it further RESOLVED, that the persons whose names, titles, and signatures appear below
 are authorized to sign the application, and that they or their successors in said titles are
 authorized to sign the agreement, and any other documents necessary in connection therewith:

 (Signature)

 (Signature)

 (Type or Print Name)

 (Type or Print Name)

 (Title)

 (Title)

CERTIFICATION:

I, _____ the _____
 (Name of Government Clerk) (Title of Position - Government Clerk)

of _____

hereby certify that at a meeting of the Governing Body held on _____ the above
RESOLUTION was duly adopted.

AFFIX GOV'T
 SEAL

 (Signature of Government Clerk)

SAMPLE DISPLAY ADVERTISEMENT
CITIZEN PARTICIPATION -- PUBLIC HEARING REQUIREMENT
SMALL CITIES COMMUNITY DEVELOPMENT PROGRAM

Instructions to Newspaper

1. Display Ad - Non-Legal Section
2. Publish at least seven days prior to the hearing date
3. Send 1 Proof of Publication to: (Local contact and address)

PUBLIC NOTICE

The (applicant), New Jersey will hold a public hearing on (date) at (time) in the (specific building location) in (municipality), New Jersey.

The purpose of the hearing is as follows: (1) to explain federal and state guidelines, (2) to review eligible and proposed program activities, (3) to consider proposals for an application under the Small Cities Community Development Block Grant Program, and (4) to receive citizen comments and recommendations.

Total funds available: \$9,746,000

At least 70 percent of the funds available must be used for activities that primarily benefit people of low and moderate income. None of the funds requested will result in the displacement or relocation of people.

Eligible activities include:

1. Acquisition of real property;
2. Acquisition, construction, or installation of public facilities;
3. Code enforcement in deteriorated or deteriorating areas;
4. Clearance, demolition, and rehabilitation of buildings;
5. Special projects to remove architectural barriers which restrict accessibility of the elderly and handicapped;
6. Provision of public services;
7. Activities necessary to develop:
 - a comprehensive community development plan; and
 - policy planning management capacity to enable the recipient to more effectively administer the program;
8. Payment of reasonable administrative costs; and
9. Activities carried out by public or private non-profit organizations.

The (name of applicant) is proposing an application in the amount of \$ for (describe purpose -- e.g., rehabilitation of housing, reconstruction of streets -- and location).

All citizens are encouraged to offer comments at the public hearing or by writing to (municipality/county, mailing address, ATTN: contact person). Within ten days following the public hearing, written comments may also be sent to the New Jersey Department of Community Affairs, Small Cities Unit, PO Box 806, Trenton, New Jersey, 08625-0806, ATTN: Administrator.